

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention FLEXIBLE TOOL AND PARTS TRAY the specification of which (check applicable box(es)):

☒ is attached hereto.
☐ was filed on _____ as U.S. Application Serial No. _____
☐ was filed as PCT international application No. PCT/ _____ / _____ on _____ and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56(a). I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Prior Foreign Application(s):		
Application Number	Country	Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application listed below:

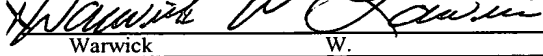
Prior Provisional Application(s):	
Application Serial No.	Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56(a) which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):		
Application Serial No.	Date/Month/Year Filed	Status: patented, pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint the firm of MacCord Mason PLLC, comprising Edward W. Rilee, Jr., Registration No. 31,869; Howard A. MacCord, Jr., Registration No. 28,639; William J. Mason, Registration No. 22,948; James L. Lester, Registration No. 38,721; Gilbert J. Andia, Jr., Registration No. 38,815; Ben D. Frink, Registration No. 50,294 and Dean M. Turman, Registration No. 50,322, as my attorneys and/or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith. Address all communications and telephone calls to: MacCord Mason PLLC, P. O. Box 2974, Greensboro, NC 27402, (336) 273-4472.

1) Inventor's Signature		Date	X 12-27-03
Inventor's Name (typed)	Warwick W. Lawrie		US
	First Middle Initial Family Name		Citizenship
Residence (City)	Nashville	(State/Foreign Country)	TN
Post Office Address	418 Sloan Road	Zip Code	37209
2) Inventor's Signature		Date	
Inventor's Name (typed)			
	First Middle Initial Family Name		Citizenship
Residence (City)		(State/Foreign Country)	
Post Office Address		Zip Code	
3) Inventor's Signature		Date	
Inventor's Name (typed)			
	First Middle Initial Family Name		Citizenship
Residence (City)		(State/Foreign Country)	
Post Office Address		Zip Code	

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.

Rev. (3/02)